

Minutes
Governor's Disabilities Advisory Council
July 25, 2006
Montana Development Center
Boulder MT

Members Present: Belden Billy, Julia Hammerquist, Dustin Hankinson, Bryher Herak (Chair), Mike Mayer (Vice-Chair), Susie McIntyre, Joan Miles, DPHHS Director, William Neisess, Patti Scruggs,

Absent: Connie Bremner, Brian Roat

Guest: Eli Clarkson – DPHHS-OLA, Meredith Ewer-Speck – Governor's Office, Joe Mathews – DPHHS-DSD, Steve Heaverlo – MAP, Cary Lund – DPHHS-OLA, Lou Thompson – DPHHS-AMDD, Maria Armstrong – DPHHS-AMDD,.

Welcome - Introductions:

Bryher Herak – Chair:

The council and guest were welcomed and introductions were made.

Approval of Minutes:

Bryher Herak – Chair:

Motion was made to approve the minutes from the April 6th and May 10th meetings. There were no amendments or changes suggested. Council voted in favor of approval. Motion was passed. McIntyre/Scruggs

Subcommittee Reports:

High Risk Housing

Bryher Herak:

The meetings have been attended primarily by the architect and MDC staff. Plans have not been finalized and are still under discussion with the intention to make the new development very home like. The latest plans show room for twelve people. A model of what the development will look like will be available in August.

Strategic Planning Across Montana (SPAM) – DDP

Julia Hammerquist:

The Developmental Disabilities Program planning process began with SPAM I in 1999. This new and updated process is being referred to as SPAM II. At the June 8 meeting goals developed during the SPAM I process were reviewed and discussed. During that process 22 goals for the DD Program were documented. The SPAM II process began with participants discussing three issues that really affected them. Issues and other concerns were categorized into topic areas and progress. Discussion for the October 11 meeting include: who else should be involved and the process for upcoming meetings and goals/objectives. Town meetings will be held across the state in September. The goal is to involve the community in a visioning process for what our system should look like in the future. DSD will get a list of the town meetings for the council to look over.

It was suggested that the group review OCR complaints that have not yet been resolved as a guide to the SPAM II process. There is also a debate going as to whether it should still be called SPAM.

Montana Infrastructure Grant

Dustin Hankinson:

Members who expressed a desire to serve on this grant process received a letter affirming participation on the MIG Coalition. The first Coalition meeting is scheduled for August 10.

Amendments have been made to the grant objectives and are awaiting CMS approval. Contracts are being developed with DPHHS Legal staff and will be available within the next couple weeks in draft format. Note: Contracts were approved by CMS and will be in place by August 22, 2006

Summit Independent Living Center will be sub-contracting with the other three independent living centers to do consumer outreach and focus groups in local communities. Information will be gathered related to the perceptions about the barriers that are preventing people from working; limiting the ability to work full-time; connecting with local vocational rehabilitation and mental health programs; as well as how we can work together to better support people with employment.

The Rural Institute will also be participating by conducting consumer and business surveys. A national consortium will be used for technical assistance. Note: The National Consortium for Health Systems Development will provide technical assistance. The Consortium is one of two national organizations that provide technical assistance to Medicaid Infrastructure Grantees.

Olmstead and Executive Order – Council Responsibilities

Cary Lund – DPHHS Office of Legal Affairs:

Setting priorities under the Executive Order would assist in the planning process for the Council. Cary noted that the Olmstead case is a difficult Supreme Court case to interpret - there is not a clear majority decision. There is a plurality decision written by Justice Ginsburg and the Kennedy and Stevens concurrences. When a person looks at federal district courts and a little of federal service courts applying title to the ADA as interpreted by the Olmstead there are decisions that range the map.

CMS has provided some direction for States to implement Olmstead in a reasonable and thoughtful way. The 2000 Medicaid Letter to the States may help illuminate how the Council wants to make recommendations to the State on Olmstead planning. The Letter to the State is a critical piece because so much of the department is funded with federal Medicaid money and even those programs that are not funded with Medicaid money but are funded with federal money are beholden to this opinion piece that CMS sent out. The Federal HHS uses this guidance when they look at the compliance of states in Medicaid and other programs funded by the Federal HHS. It is this framework that was provided to people in the department to help organize our earlier Olmstead planning effort. It is more real than trying to discern from this myriad of court cases

where the council should be going. It is a fairly good reflection of where the Supreme Court was in the Olmstead case.

Discussion Points:

Olmstead Planning efforts have been guided and accomplished through the CMS 2000 Medicaid Letter. The GDAC Executive Order were in part drawn from the CMS letter document.

GDAC Executive Order Items two, three and seven are directly related to Olmstead planning. The state does not have a visionary or unified Olmstead Plan.

A gap in the Olmstead plan exists with children's and adult mental health services.

It was suggested Montana Association of Counties be included in planning processes. MACO could assist in community development for capacity building. It is important to get community input for future buy-in of any Plan.

The Department's position on courts commitments to MDC: The state has a long term statutory scheme for commitments to MDC that will remain in place. There has been discussion about removing the commitment law and having MDC become an open door ICF-MR (Intermediate Care Facility for the Mentally Retarded). A state district court in Montana cannot commit a person to MDC with out a committee that is in place has to give the go ahead before they can be committed. The criteria are being changed but for now the person either needs total care or they have behaviors that meet the statute. After the legislation it will be the behavioral criteria and that the person is also in need of the services at MDC and they are not currently available in the community.

It would be helpful for the council to have an overview of the EPP process, budget timelines, and how translates into development of community services. The outcome of the council's role in planning would appear in the EPP budgeting process for the legislative year 2009. The Council requests EPP priority information.

It was brought up to look at other state Olmstead plans/models to use as examples.

Transportation and housing need to be addressed in Plan.

Look at mental health crisis response process, including correctional and judicial. Review institutional placements as result of inadequate training by community agencies.

Rural services are a key issue in Olmstead planning.

Joe Mathews – DPHHS – DSD Administrator:

Joe commented on a letter from MAP and their concerns that the Council may have been confused about the dissenting report from MAP. The report was in response to DDPs answers to questions regarding the MDC High-Risk Housing Project. MAPs was concerned the dissenting report was presented to the Council in black and white print – not providing a clear picture of MAPs responses to DDP. The council stated that the

reports they had received were colored and they were not confused about it. Joe will be sending a formal letter to the Council to apologize.

Joe also clarified language concerns on a letter written two-three years ago regarding building Unit 104 and requirements from CMS.

Meridith Ewer-Speck – Governor's Office:

Meridith presented the Council position papers developed by the Disability Action Alliance, on transportation and funding. Meridith proposed that the GDAC co-host, with the Governor's Office, a get-together to reaffirm the Governor's commitment to the disability community.

A motion was made that the GDAC work with the Governor's Office to facilitate and co-host an open house for the disability community. It was suggested the event last between 2-3 hours mid-day. Meridith will be working with the Governor to schedule an appearance; other Governor's Office staff will be in attendance. Susie, Dustin, Julia, and Bryher have volunteered to help if needed.

McIntyre/Hankinson. Motion passed unanimously.

Joan Miles, Director of DPHHS:

Joan stated that she is very proud of the MDC campus and staff. Joan noted that the campus is very vibrant and lively yet there are always improvements that the department would like to make and areas to improve on.

Joan stated that this is her first time through the EPP process although is confident things will go well with support from other staff who are very familiar with the process. The process is a little different this year and there are still things that are being discussed and debated and a lot of priorities that the Governor wants to fund. There are also a lot of concerns about the surplus, how stable it is and how sustainable it is and what priorities can we fit in. One of the big strains on the budget surplus right now is the fires. We are spending about a million dollars a day putting out fires. The Governor's Office is taking a very prudent, cautious approach. Joan recommended the Council continue to advocate for the programs they believe are important.

Joan stated that the Constitutional Initiative 97, the stop overspending initiative, has qualified. If that were to pass in November it would have an enormous impact on the budget. We have already seen in pending dollars a significant commitment of general fund dollars to enable us to continue current levels of services. The department will work on a summary of the budget priorities and will give a copy of the Governor's Budget Office Memo to the Council.

Crisis Services – Mental Health

Susie McIntyre:

Susie has been in contact with and discussed crisis response and services with Susan Fox, Legislative Services Division. The Legislative Interim Children, Families and Health and Human Services Committee is reviewing and discussing crisis response in Montana. Susie noted that there is not constant or consistent crisis response services across the state. Rural areas are not served as well as urban areas. DPHHS has

provided grant dollars to address crisis services. In Billings they have opened an outpatient crisis center. Butte is looking at doing some peer to peer recovery and possibly getting a non-medical crisis stabilization unit. Great Falls is doing a big pilot project with the peer support services. Hamilton is looking at doing a crisis center. Helena is going to try to do some sort of having a crisis facility and also having a mobile crisis response team. Miles City is trying to do a presumptive eligibility project and some teleconferencing and supplemental funding for MHSP.

In 2004 an RFP was sent out to solicit bids to create a BHF (Behavioral Health Facility). No responses were received for the RFP – AMDD is now considering a non-hospital BHIF – a facility that would provide mental health services relying on community medical facilities for other health care needs. The Mental Health Association is developing a wellness-recovery program referred to as WRAP -, Wellness Recovery Action Plan. The program focus is helping community members help themselves. Susie applauded successes of the Crisis Intervention Training – training provided to community law enforcement on ways to intervene with those in crisis in a respectful and productive way.

The community mental health centers have developed PACT, Program of Assertive Community Treatment teams. These teams that provide intensive case management for people that need it. It is state funded and Medicaid reimbursable.

AMDD Update

Lou Thompson – Bureau Chief of Mental Health Services:

Lou gave a brief overview of what services AMDD provides and what her bureau specifically provides. SDMI refers to an individual who has been clinically diagnosed with one of the illnesses in a fairly short list of illness of primarily targeted in psychoses, personality disorders mood disorders, etc... Because of their diagnosed mental illness they display impairment in their ability to live independently or to have a relationship with friends and other people. They may or may not be taking meds prescribed for the treatment of their mental illness or may or may not have been determined disabled by the social security administration because of their mental illness. There is a very small population in the mental health services that they can serve. The need for mental health services far exceeds the department's ability to provide. The Mental Health Services Plan serves approximately 5000 per year. Medicaid serves about 13,000 adults in a year.

The major initiatives and goals within the public health mental system are:

- √ Co-occurring services
 - 60-75% of people with mental illness have a chemical dependency
 - Principle cause of a mental health crisis is an untreated chemical dependency illness
 - The major reason for a chemical dependency crisis is an untreated mental illness
- √ Evidence Based Practices
 - Co-Occurring Treatment
 - PACT Teams
 - Billings, Helena, Great Falls, Missoula, and Kalispell
 - Potential for Bozeman and Butte

- 9-10 professionals
- Basically a hospital with out walls
- Clients living independently
- Have the capacity to serve 70 people per team
- Strength based case management
 - Model where case manager works on developing treatment based on individuals goals
- Dialectical Behavioral Therapy
 - Particularly useful for certain types of diagnoses
 - Used in Montana State Hospital and across state by therapeutic teams
- √ Stakeholder groups
 - 5013C Non-profit groups
 - SAAs – Service Area Authorities
 - AMDD EPP was based upon SAA meetings
- √ Crisis Intervention Training
 - AMDD provided seed money via grant for this training
 - Law officers
 - Ironically Helena has trained officers but no place to take them where as Billings has a place for them but no trained officers.
- √ Behavioral Health Facilitator - Deb Mattuecci
 - Newly hired Behavioral Health Facilitator
 - Funded by Department of Corrections
 - Based and supervised by AMDD
 - Task is to provide a bridge between the two departments
- √ Applying for Home and Community Based Services Waiver
 - Will provide community based services
 - Up to 105 clients who otherwise meet the level of care for a nursing home
 - Services not otherwise paid for by Medicaid
 - First will be in Billings second in Butte and third in Great Falls
 - Not part of any other waiver.
 - Will be submitted by the end of the summer
 - Hope to have first site up and running by end of October second by January and third in April
- √ Executive Planning Process (EPP):
 - This is as of July 28th, 2006
 - Two initiatives:
 - Fund 72 hour presumptive eligibility
 - Statewide support
- √ Mental Health Community Services Development
 - Wrap around funding for individuals being discharged from State Hospital
 - Five day supply of medication instead of only 24 hour supply
 - Peer support implementation plans
 - Includes funding for ten part time employees
- √ Work force development and retention
 - Hire WICHE to do study and to make recommendations to AMDD to improve state's ability to recruit and retain staff.

- √ Award \$875,014 for grants
 - RFP for community based crisis response – six of nine funded

Marcia – Housing – Mental Health Services:

Marcia stated AMDD is working with the Governor's Council on Homelessness – housed under hanks'. In addition to that one of the grants they have is the PATH - Projects for Assistance in Transition from Homelessness grant – SAMSHA funded. This is an on-going annual grant of \$400,000 a year contracted with three community mental health centers. Mental Health Centers work with Housing Authorities and other community partners to increase housing opportunities in their communities.

The Department of Commerce and AMDD have applied for Shelter Plus Care Vouchers funded by Housing and Urban Development (HUD). Shelter Plus Care targets persons who have chronic homelessness and includes wrap around services.

A motion was made that the GDAC draft a letter to the Children Family Interim Legislative Committee clarifying for them the Olmstead issues and what support the Council would be able to provide the Interim Committee as they consider recommendations to the full Legislature. MC INTYRE/Neisess. Motion passed w/one abstention (Hankinson).

By-Laws and Roberts Rules of Order

Council members:

- § Review prior to next meeting and provide feedback or approval.
- § Conflict of Interest section worth looking at
- § Officers and Duties secretary be removed under by-laws
- § Look at Roberts Rules of Order Made Simple

Public Comment

Steve Heaverlo, MAP stated that this council has a large task - the Executive Order is the Council's guide to concentrate on what needs to be accomplished – what the State can 'shoot for.' MAP is willing to assist if requested.

Wrap Up:

- ☺ Council chair requested that members review the Executive Order and write down what sections each view as most important.
- ☺ Have a vision of what direction each member would take the council.
- ☺ Look at each key element from the SLTC summary think about how would look for other divisions.
- ☺ Timeline of when to have a unified plan.
- ☺ Review what other states' plans - Consider having Marsha Katz from Rural Institute provide information.
- ☺ Next meeting concentrate time for Council to discuss Olmstead direction.
- ☺ Next meeting scheduled for October 25th, 2006.

Meeting adjourned at 3:53 PM